MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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50								100						
TOTAL IND.		↵	19 ↵			↵		TOTAL IND.		↵		↵		↵
TOTAL DEP.			20					TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						